

CLAIMS ONLY						Application Number 0955101	Filing Date	
						8-16-04		
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1							
2								
3								
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12	1		1					
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38	1		1					
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48								
49								
50	1		1					
Total Indep	8							
Total Depend	38							
Total Claims	46							

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52		1				
53						
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56		1		1		
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Total Indep	8					
Total Depend	38					
Total Claims	46					

09515101

Best Available Copy

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM STC-42)

FILING DATE

APPLICANT/

CLAIMS

NO.	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
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TOTAL DEF.						
TOTAL						

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TOTAL IND.	6					
TOTAL DEF.	51	15515125	42	15515122	8	15515121
TOTAL	57	15515125	53	15515122	46	15515121